



Complete Summary

TITLE

Child and adolescent major depressive disorder: percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder for whom an antidepressant medication was considered or prescribed during an episode of major depressive disorder.

SOURCE(S)

Physician Consortium for Performance Improvement®. Child and adolescent major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 30 p. [13 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients aged 6 through 17 years with a diagnosis of major depressive disorder for whom an antidepressant medication was considered or prescribed during an episode of major depressive disorder.

Note: The Food and Drug Administration (FDA) has now made a black box cautionary statement for selective serotonin reuptake inhibitors (SSRIs) secondary to studies which reported increased suicidal ideations in newly treated children and adolescents with major depressive disorder. It should be noted that no suicides by children or adolescents were reported within these studies. The Treatment for Adolescents with Depression Study (TADS) reported that fluoxetine with cognitive behavioral therapy led to significant improvement in 71% of

adolescent patients without an increase in suicidal ideations. In addition, fluoxetine continues to have formal FDA approval for treating depression in the pediatric population.

All treatments can be associated with side effects. "Approximately 3% to 8% of youth, particularly children, also may show increased impulsivity, agitation, irritability, silliness, and 'behavioral activation.'" A careful weighing of the risks and benefits, with appropriate follow-up to help reduce risks, is the best that can be currently recommended.

RATIONALE

As a result of the recent Food and Drug Administration (FDA) warnings regarding the possible suicide risk with antidepressant use in children and adolescents, prescriptions for antidepressants in children age 10-18 years decreased by 10-16% in 2004. This decline in use contrasts with a 50% increase between 1998 and 2002. One recent study found that the decreased use of antidepressants was associated with an "increase in suicide rates by 14% between 2003 and 2004, which is the largest year-to-year change in suicide rates in this population since the Centers for Disease Control and Prevention began systematically collecting suicide data in 1979." "Given the greater number of patients who benefit from selective serotonin reuptake inhibitors (SSRI) than who experience serious adverse events, the lack of any completed suicides, and the decline in overall suicidality on rating scales, the risk benefit ratio for SSRI use in pediatric depression appears to be favorable, with careful monitoring." As a result, the need for antidepressants should be considered on an individual basis with children and adolescents with major depressive disorders. Antidepressant medications are recommended for those who have a more complicated or severe depression.

The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

For children and adolescents who do not respond to supportive psychotherapy or who have more complicated depressions, a trial with specific types of psychotherapy and/or antidepressants is indicated. (American Academy of Child and Adolescent Psychiatry [AACAP], 2007) It is important to evaluate carefully for the presence of subtle or short-duration hypomanic symptoms because these symptoms often are overlooked, and these children and adolescents may be more likely to become manic when treated with antidepressant medications. Those with a family history of bipolar disorder should be carefully monitored for onset of mania or mixed state. (AACAP, 2007)

PRIMARY CLINICAL COMPONENT

Child and adolescent major depressive disorder; antidepressant medication

DENOMINATOR DESCRIPTION

All patients aged 6 through 17 years with a diagnosis of major depressive disorder

Note: Refer to the original measure documentation for administrative codes.

NUMERATOR DESCRIPTION

Patients for whom an antidepressant medication was considered* or prescribed during an episode of major depressive disorder

*The numerator criteria will be met if an antidepressant medication was either prescribed or there is documentation that the antidepressant medication was not prescribed for documented reasons.

Note: Refer to the original measure documentation for administrative codes.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Practice parameters for the assessment and treatment of children and adolescents with depressive disorders.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Ages 6 through 17 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged 6 through 17 years with a diagnosis of major depressive disorder

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 6 through 17 years with a diagnosis of major depressive disorder

Note: Refer to the original measure documentation for administrative codes.

Exclusions

None

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients for whom an antidepressant medication was considered* or prescribed during an episode of major depressive disorder

*The numerator criteria will be met if an antidepressant medication was either prescribed or there is documentation that the antidepressant medication was not prescribed for documented reasons.

Note: Refer to the original measure documentation for administrative codes.

Exclusions

None

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Measure #5: medications considered.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

MEASURE SET NAME

[Child and Adolescent Major Depressive Disorder Physician Performance Measurement Set](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement®

DEVELOPER

Physician Consortium for Performance Improvement®

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Richard Hellman, MD, FACP, FACE (*Co-chair*) (methodologist; clinical endocrinology); John Oldham, MD (*Co-chair*) (psychiatry); Boris Birmaher, MD (child/adolescent psychiatry); Mary Dobbins, MD, FAAP (pediatrics/psychiatry); Scott Endsley, MD, MSc (family medicine); William E. Golden, MD, FACP (internal medicine); Margaret L. Keeler, MD, MS, FACEP (emergency, medicine); Louis J. Kraus, MD (child/adolescent psychiatry); Laurent S. Lehmann, MD (psychiatry); Karen Pierce, MD (child/adolescent psychiatry); Reed E. Pyeritz, MD, PhD, FACP, FACMG (medical genetics); Laura Richardson, MD, MPH (internal medicine/pediatrics); Sam J.W. Romeo, MD, MBA (family medicine); Carl A. Sirio, MD (critical care medicine); Sharon Sweede, MD (family medicine); Scott Williams, PsyD (The Joint Commission)

American Medical Association: Heidi Bossley, MSN, MBA; Joseph Gave, MPH; Karen Kmetik, PhD; Shannon Sims, MD, PhD; Samantha Tierney, MPH

American Psychiatric Association: Robert Plovnick, MD, MS

National Committee for Quality Assurance: Phil Renner, MBA

Consultants: Timothy Kresowik, MD; Rebecca Kresowik

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2008 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement®. Child and adolescent major depressive disorder physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2008 Sep. 30 p. [13 references]

MEASURE AVAILABILITY

The individual measure, "Measure #5: Medications Considered," is published in "Child and Adolescent Major Depressive Disorder Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: www.physicianconsortium.org.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on March 2, 2009. The information was verified by the measure developer on April 13, 2009.

COPYRIGHT STATEMENT

© 2008 American Medical Association. All Rights Reserved.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at <http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx>.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

[Copyright/Permission Requests](#)

Date Modified: 5/18/2009

